



STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF LICENSING AND REGULATORY SERVICES

Adult Day Services Program
Renewal Application

SECTION 1: Program Information			
Program Name:			
Mailing Address:			
City:	State:	Zip:	County:
Physical Address:			
City:	State:	Zip:	County:
Telephone No.: ()		Fax No.: ()	
Email Address:			
Owner Name:		SSN or EIN #:	
Administrator Name:		SSN or EIN #:	

SECTION 2: Fees	
RENEWAL APPLICATION FOR ADULT DAY SERVICES PROGRAM	
<p>Number of Adults/Consumers to be served at this program (Select one):</p> <p><input type="checkbox"/> Up to 10 consumers (fee \$10)</p> <p><input type="checkbox"/> 11 – 20 consumers (fee \$20)</p> <p><input type="checkbox"/> 21 – 30 consumers (fee \$30)</p> <p><input type="checkbox"/> 31 – 40 consumers (fee \$40)</p> <p><input type="checkbox"/> 41 or more consumers (fee \$50)</p> <p>Total Fee Enclosed for licensed capacity</p>	<p>\$ _____</p>
<p>Make check or money order payable to “Treasurer, State of Maine”. Do not send Cash. Credit Cards are not accepted at this time.</p> <p>Total Check/Money Order enclosed =</p>	<p>\$ _____</p>

For questions regarding this program and/or application, please contact the following:

Department of Health and Human Services
Licensing and Regulatory Services
Adult Day Services Program
41 Anthony Ave; 11 State House Station
Augusta, ME 04333-0011

Tel: (207) 287-9300 Fax: (207) 287-2671 Toll Free: 1-800-791-4080 TTY users call Maine relay 711
Email: dlrs.info@maine.gov

Office Use Only:			
Check# _____	MO # _____	Amount \$ _____	Initials: _____ License# _____

SECTION 3: Facility/Program Information

Type: (Check all that apply)

- ☐ Social Adult Day Services Program
☐ Adult Day Health Services Program

- ☐ Day Services Only
☐ Night and Day Services
☐ Night Program Only

Days/Hours of Operation:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Changes to the program and effective dates, including form revisions (attach is any) since last licensure:

Physical plant changes:

Other changes:

If program has been granted a waiver, do you wish to continue this waiver?

- ☐ No
☐ Yes, please indicate Regulation # and reason for continuing waiver:

Have you (applicant and/or administrator) ever:

- | | | |
|---|------------------------------|-----------------------------|
| • Been convicted of a crime? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Been an inpatient in a mental health facility? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Been treated for drug/alcohol abuse? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Been investigated for child/adult abuse, neglect, or exploitation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Had a license/application to operate a residential care facility revoked, denied and/or placed on conditional status? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you (applicant and/or administrator) answered "YES" to any of the above questions, please provide an explanation and state any persons involved:

SECTION 4: Submission

Submit your completed application, and the following additional information:

- A check or money order made payable to "Treasurer, State of Maine"
- Certificate of Insurance for property, liability and vehicle (if transportation is provided by the program). Not required for a licensed nursing facility.

SECTION 5: Declaration

The Department of Health and Human Services reserves the right to request/review any additional information that will be necessary to determine the suitability of the applicant for re-licensure.

- I/We are applying for a renewal license to operate an Adult Day Services Program for _____ adults, in accordance with Title 22, MRSA §8601 et. seq. and the Department's licensing regulations.
- I/We certify that all information provided herein is true and correct to the best of my knowledge.
- I/We certify that I am in compliance with all local laws and ordinances as they relate to zoning, plumbing, water supply, and sewage disposal.
- I/We, being duly authorized to assume responsibility for the adult Day Services Program herein described, do hereby apply for a license to operate the program and do agree to assume responsibility that the program will comply with all the current regulations of the Department of Health and Human Services, as authorized by Title 22, MRSA §7801.

Print name of Applicant

Signature of Applicant

Date

Print name of Administrator

Signature of Administrator

Date